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AWARENESS OF HIV PREVENTION METHODS AMONG INHABITANTS OF A RURAL COMMUNITY IN ENUGU STATE, NIGERIA.

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ABSTRACT

Human Immunodeficiency Virus is an infective organism that attacks the immune system of victims, frequently leading to disease known as Acquired Immune Deficiency Syndrome. This virus is present in some body fluids of infected persons. Prevention can be done through; correct and consistent use of male and female condom, safe blood transfusion practices, elimination of mother-to-child-transmission, not using already used injection needles and sharps, testing and counseling for HIV and sexually transmitted infections, voluntary medical male circumcision, and antiretroviral drug use for prevention. This research was conducted in Egede, Udi Local Government Area, Enugu state, Nigeria. Interviewer administered questionnaire was used to collect information from respondents who presented for a medical outreach activity in January 2015. Socio-demographic data revealed that 76.9% were over fifty years, 69.9% females, 82.8% married, 52.7% had no formal education, and 69.9% farmers. On awareness of HIV prevention methods; abstinence from sexual intercourse scored 36.1%, being faithful to one uninfected partner 30.1%, correct and consistent use of condom 28.4%, organizing HIV/AIDS awareness campaign 26.4%, transfusing only screened blood 26.7%, preventing infection from mother to child 26.4%, HIV counseling and testing (HCT) 27.4%, male circumcision 16.9%, treatment of sexually transmitted infections 23.6%, giving antiretroviral drug to an exposed person 24.0%, giving antiretroviral drug to the partner of an infected person 21.3%, and by avoiding skin scarification and tattooing 18.9%. Total awareness on HIV prevention methods was 25.5%. It is important that HIV/AIDS awareness activities be stepped up in rural areas of Enugu state and Nigeria generally

Key words: Awareness, HIV, Prevention, Rural, Community

INTRODUCTION

Increased occurrence of rare diseases such as Pneumocystis Carinii Pneumonia (PCP), and Kaposi's Sarcoma among men who have sex with men in California, and New York, in the United States of America in 1981, alerted the world about a new infection (Hymes et al, 1981; Centers for Disease Control, 1981). In 1982, the disease resulting from this infection was named Acquired Immune Deficiency Syndrome (AIDS) by the Centers for Disease Control (CDC) (Centers for Disease Control, 1982). The International Committee on the Taxonomy of viruses named the AIDS-causing organism, Human Immunodeficiency Virus (HIV) in 1986 (Case, 1986).

Global incidence of HIV infection and the mortality resulting from it reduced significantly by 2015. Most infections however occur in Sub-Saharan Africa (WHO, 2016a; WHO, 2016b); and Nigeria has the second highest HIV/AIDS epidemic in the world, with 3.4 million people living with the virus, and 3.1% adult prevalence rate.

HIV infection can be largely prevented by limiting exposure to the risk factors. This can be done through; correct and consistent use of male and female condom, safe blood transfusion practices, elimination of mother-to-child-transmission of HIV, not using already used injection needles and sharps, testing and counseling for HIV and sexually transmitted infections, voluntary medical male circumcision, and antiretroviral drug use for prevention (WHO, 2016c; Weller and Davis-Beaty, 2011). **Consistent and correct use** of male condoms reduces sexual transmission of HIV and other STIs by up to 94%.(WHO, 2016c). HIV Counseling and Testing enables

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Table 1 – Socio-demographic variables of respondents

Age range (in years)	**Frequency (N = 296)**	**Percent (100%)**
< 19	4	1.4
20 – 29	11	3.7
30 – 39	22	7.4
40 – 49	32	10.8
50 – 59	67	22.6
60 – 69	72	24.6
70 and above	88	29.7
Sex		
Female	207	69.9
Male	89	30.1
Marital status		
Married	245	82.8
Single	13	4.4
Divorced/Separated	3	1.0
Widowed	35	11.8
Educational Status		
No formal Education	156	52.7
Primary level	89	30.1
Secondary level	37	12.5
Tertiary level	6	2.0
Postgraduate level	8	2.7
Occupation		
Farmer	207	69.9
Petty trader	38	12.8
Artisan	16	5.4
Retired	16	5.4
Civil servant	12	4.1
Unemployed/student	7	2.4

The age distribution of the respondents certainly does not correctly portray the demographic pattern of the community. The respondents were those that presented for care during a medical outreach programme. Persons in the younger age group who might have needed the attention of the health care workers probably did not have the patience to wait for a long time before they could access care. Most of them were commercial motorcycle riders, farmers and students. One of the interventions carried out during the outreach activity was screening for hypertension and diabetes mellitus. The outreach was widely publicized in the community, and these non-communicable diseases afflict people in the older age group more, hence the large turnout recorded among persons in the older age group. Women are believed to be weaker sex, and so it is culturally acceptable for them to report illnesses more frequently than men (Aniebue, 2008). This could explain the higher number of women that responded to the questionnaire.

Awareness of respondents on methods of HIV prevention: The correct response to the questions designed to assess the awareness of respondents on methods of HIV prevention are as follows; by abstinence from sexual intercourse (36.1%), being faithful to one uninfected partner (30.1%), correct and consistent use of condom (28.4%), organizing HIV/AIDS awareness campaign (26.4%), transfusing only screened blood (26.7%),

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preventing infection from mother to child (26.4%), HIV counseling and testing (HCT) (27.4%), male circumcision (16.9%), treatment of sexually transmitted infections (23.6%), giving antiretroviral drug to an exposed person (24.0%), giving antiretroviral drug to the partner of an infected person (21.3%), and by avoiding skin scarification and tattooing (18.9%). Total awareness of respondents on prevention of HIV was 25.5%.

Table 2 – Awareness of HIV prevention methods

Question	Correct response (N = 296)	Percent (100%)
HIV prevention can be		
- By abstinence from sexual intercourse	107	36.1
- Being faithful to one uninfected partner	89	30.1
- Correct and consistent use of condom	84	28.4
- By organizing HIV/AIDS awareness education	78	26.4
- By transfusing only screened blood	79	26.7
- By preventing infection from mother to child	78	26.4
- HIV counseling and testing	81	27.4
- Male circumcision	50	16.9
- Treatment of sexually transmitted infections	70	23.6
- By giving anti-retroviral drug to an exposed person	71	24.0
- By giving anti-retroviral drug to an infected person	63	21.3
- By avoiding skin scarification	56	18.9

Total Awareness level of respondents on prevention of HIV = total correct response/total possible correct response X 100% = 906/3552 X 100% = 25.5% (poor knowledge).

Contrary to the very low awareness levels on HIV prevention methods found among inhabitants of this study community, comparatively very high awareness levels were found among rural adult population in southwestern Nigeria, six years prior to this study. As high as 83.7%, 82.2%, 72.6%, and 79.1% respectively were aware that abstinence from sexual intercourse, being faithful to one uninfected partner, use of condom, and screening blood before transfusion are methods of HIV prevention. (Asekun-Olarinmoye et al, 2009). The possibility of more HIV/AIDS awareness activities being conducted in that part of southwestern Nigeria, when compared to our study community could account for the huge disparity in awareness gap recorded in the two rural communities. More research work is required in order to authenticate this thinking. High awareness levels on HIV/AIDS was also recorded among slum dwellers in Mumbai, India, the same year this study was conducted. Awareness on HIV/AIDS being prevented by consistent condom use, being faithful to single uninfected partner, and screening blood before transfusion were respectively found to be 77.9%, 80.8%, and 73.1% in that Indian study (Syed and Gangam, 2015). Though India is a developing country like Nigeria, it is probable that more HIV awareness activities is conducted in that Mumbai site, than the site where this study was conducted in Nigeria. Mumbai is also an urban area, hence it is positioned to have more information on HIV than the rural areas.

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Mother to child transmission of HIV is still a public health problem in Nigeria, with about 32% of global infection through mother-to-child-transmission occurring in Nigeria (National Agency for Control of AIDS, 2015b). The finding in this study that awareness on preventing mother-to-child transmission (PMTCT) as a method of HIV prevention was only 26.4%, is worrisome. It points to the need for more HIV/AIDS health education and awareness activities to be organized in rural areas that share same similarities with this study community. Awareness of this method of HIV prevention was found to be as high as 76.9% among Traditional Birth Attendants in a Lagos state, Nigeria study, five years prior to this study (Balogun and Odeyemi, 2010). This is understandable since Lagos state is largely urban and possibly has more access to HIV/AIDS information. Traditional Birth Attendants usually have more access to health information than other members of the community whose professions are not health-related. Awareness on HIV Counseling and Testing (HCT) being a method of preventing the infection was found to be as high as 59% among tertiary institution students in the same geopolitical zone as Enugu state, Nigeria where this study was conducted (Onyeonoro et al, 2014). This is probably as a result of higher educational level of respondents in that study, compared to respondents in my study community, where 52.7% of the respondents had no formal education. The awareness that HCT is a method of preventing the infection was also found to be very low in this study. This becomes very glaring when compared with 84.2% found in a similar study among adults of reproductive age in Osun state, Nigeria, five years prior to this study (Amu et al. 2011). Majority of the respondents in the Osun state study being younger and better educated could have contributed to the higher level of HCT awareness recorded. It is also possible that more HIV/AIDS awareness activities were conducted in the study sites in Osun state, than the rural community studied in Enugu state. Though the awareness level on HIV/AIDS health education method of prevention is low, it is surprisingly slightly higher than the 25% found in another HIV study among females aged 18 to 50 years in South Africa (Haffejee et al, 2016). It is even more surprising since health care volunteers were among the respondents in the South African study. Lack of information on HIV was identified a long time ago, as one of the factors that has continued to militate against the control of HIV/AIDS in Sub-Saharan Africa (UNAIDS, 2006). It is therefore very important that countries in Sub-Saharan Africa, improve on their HIV/AIDS awareness activities.

Scientific evidence has shown that treatment of sexually transmitted infections is a plausible method of HIV prevention (Cohen and Pilcher, 2005; Kaul et al. 2007). Only 23.6% of respondents in this study are aware that not properly treating sexually transmitted infections could predispose them to getting infected with HIV. This level of awareness is very poor. There has been growing evidence that treatment of HIV positive persons is effective as a prevention method. In the year 2011, HPTN 052 study, revealed that early commencement of antiretroviral treatment in people infected with HIV, and with a CD4 count between 350 and 550, reduced the transmission of HIV to HIV-negative partners by 96%. (Cohen et al, 2011). Respondents in this study also had very poor awareness (21.3%) on the benefit of treating people infected with HIV, as it relates to prevention of further HIV infections to their sexual contacts. The practice of scarification, which involves making cuts for beautification or ritual purposes, is found among many tribes in West, East, and, Central Africa. It is probably the commonest of all practices involving shared instruments in those areas. Though this practice has reduced tremendously with the advent of Christianity in my study community, it is still minimally practiced. The respondents recorded the least scored on the awareness of HIV prevention methods in the aspect of avoiding skin scarification (18.9%). It is important that interventions designed to address this gap is developed, and also implemented in other rural areas in Nigeria where the practice of scarification is still taking place.

CONCLUSION

Since there is currently no complete cure for HIV/AIDS, prevention of the infection is still the best approach to controlling the disease and ensuring that it is no more of Public Health

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importance. It is therefore very important that HIV/AIDS awareness creation activities be stepped up in rural areas of Enugu state and Nigeria generally, with the aim of laying emphasis on all HIV prevention methods.

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